

ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR
PROPOSED SUBDIVISION REVIEW

Ada & Boise County
707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499

Elmore County
520 E. 8th North
Mountain Home, ID 83647
Ph. 587-4407

Valley County
703 N. 1st
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194

This application, along with all applicable information and fee, must accompany each subdivision plat submitted to the Central District Health Department for release of sanitary restrictions. If all necessary information is not submitted, the plat will not be processed. This office must have adequate time to review the information submitted and will respond within ten (10) working days.



FEES: <i>Please note: Fees may change without prior notice.</i>	Central Water Central Sewage Plats	\$47.00
	On Site Sewage Plats	\$290.00 per lot

DEVELOPER/APPLICANT NAME _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____

e-mail address _____

ENGINEER/SURVEYOR NAME _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____

e-mail address _____

DEVELOPMENT NAME _____

Legal Description _____

Location: ☐ Inside City ☐ In County ☐ Within Impact Zone

Directions: _____

Acres _____ Average Lot Size in acres _____ Buildable _____ Non-buildable _____ Total # Lots _____

TYPE OF WATER ☐ Central Water ☐ Individual Water ☐ Community Water

WATER SUPPLY ☐ Ground ☐ Surface

If Central or Community Water, services provided by: _____

TYPE OF SEWAGE DISPOSAL ☐ Central Sewer ☐ Individual Sewer ☐ Community Sewer

If Central or Community Sewer, services provided by: _____

TYPE OF PLAT ☐ Residential (241) ☐ Commercial (242) ☐ Industrial (243)

Submitted for Review by _____

Signature _____ Date ____/____/____

- OFFICE USE ONLY -

Received by: _____ Date ____/____/____ Time ____ a.m./p.m.

Fee Paid \$ _____ Receipt Number _____

Action _____ File # _____ Status _____ County _____ Jurisdiction _____ Fee _____ Location _____

Sanitary Restrictions Lifted ☐ Whole Subdivision ☐ Lot by Lot ☐ Imposed

☐ Preliminary Plat _____ ☐ Final Plat _____ ☐ Short Plat _____

Date Approved

Date Approved

Date Approved

Community Name _____ Zip Code _____ Approved by _____ EHS #40 _____

ENVIRONMENTAL HEALTH DIVISION**LAND DEVELOPMENT
SUBMISSION CHECKLIST****Ada & Boise County**

707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499

Elmore County

520 E. 8th North
Mountain Home, ID 83647
Ph. 587-9225

Valley County

703 N. 1st
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194

This form and all checked items must accompany each application and plat when submitted to Central District Health Department (CDHD) for signature. You will be notified if plat has been signed. CDHD has up to ten days review time for plat signature.

1. FEES

- ☐ \$47 for central sewer system
- ☐ \$290 per lot

2. LAND DEVELOPMENT INFORMATION

- ☐ As requested in the CDHD blue tri-fold brochure from CDHD for all subdivisions. This is background information.
- ☐ Two 8 1/2" x 11" copies of final plat of the subdivisions.
- ☐ One copy of final plat as recorded
- ☐ Neighboring well logs required if on-site sewage treatment is proposed

3. LETTERS OF APPROVAL**Water Services**

- ☐ Water Purveyor letter stating that they will provide service to the development.
- ☐ Approval for municipal water from the Field Office of the Division of Environmental Quality. Field Office, 1410 N. Hilton St., Boise, ID
- ☐ Approval for community water supply systems of 10 - 25 connections, shared well systems or individual wells, from Central District Health Department

Sewage Disposal -

- ☐ Dry-line sewer systems. Approval from Division of Environmental Quality (DEQ) Field Office
- ☐ Main Sewer trunk lines. Approval from DEQ Field Office
- ☐ Community sub-surface sewage disposal systems. Joint approval by CDHD and DEQ Field Office.
- ☐ Individual on-site sewage systems, based on detailed engineering soils report accepted by CDHD
- ☐ Written Verification that Sewer District or city intend to provide central sewer.

Zoning Approval -

- ☐ Conditional use approval for community sewage system from City or county Zoning Department.
- ☐ Preliminary plat approved by City Council or County Commissioners.

4. STORMWATER MANAGEMENT

- ☐ Stormwater management plans with high groundwater data.

5. OTHER INFORMATION

As requested: _____



Submitted for review by: _____

Signature _____ Date ____/____/____